### SELF-REPORTED HEALTH STATUS

In 2003, women and men aged 18 to 64 years were more likely to report being in excellent or very good health than were adults aged 65 years and older. Among women, 65.3 percent of those aged 18 to 64 years reported excel-

Excellent/Very Good

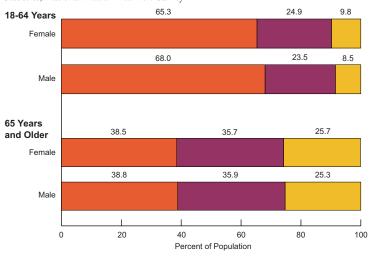
lent or very good health, compared to only 38.5 percent of women aged 65 years and older. Women aged 18 to 64 years were about as likely to report fair or poor health (9.8 percent) as men of the same age (8.5 percent).

Non-Hispanic Black and Hispanic women were most likely to report their health status as

fair or poor (18.6 and 15.5 percent, respectively). Asian women were most likely to report their health status as excellent or very good (66.5 percent), followed by non-Hispanic White women (63.2 percent).

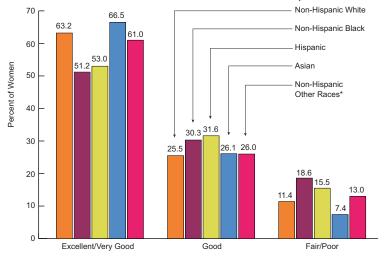
# Self-Reported Health Status of Adults Aged 18 and Older, by Age and Sex, 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



### Self-Reported Health Status of Women Aged 18 and Older, by Race/Ethnicity, 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Includes American Indian/Alaska Native and persons of more than one race.

#### **ACTIVITY LIMITATIONS**

Women are more likely than men to report being limited in their activities due to a physical or mental/emotional problem, and among both sexes activity limitations are more common with older age. In 2003, 15.8 percent of women reported at least one activity limitation, compared to 13.0 percent of men. Among women 75 and older, 47.8 percent reported at least one activity limitation; this is more than seven times the rate reported among women aged 18 to 44 years. Among men 75 and older, 41.4 percent reported an activity limitation.

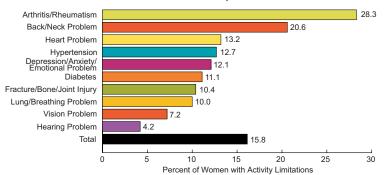
The four most frequently reported causes of activity limitation among women were arthritis or rheumatism (28.3 percent), back/neck problems (20.6 percent), heart problems (13.2 percent), and hypertension (12.7 percent). Poor mental health was also a cause of activity limitation, with 12.1 percent of women reporting that their activities were limited by depression, anxiety, or an emotional problem.

Vision problems caused activity limitations among 7.2 percent of women; however, 23.0 percent of women used adaptive devices for their vision in 2002, including telescopic or

other prescriptive lenses, magnifiers, large print or talking materials, white cane, or guide dog. The use of adaptive devices was most common among women aged 75 years and older (28.5 percent), followed by those aged 45 to 64 years (24.6 percent). Overall, the use of adaptive devices among men and women was approximately equal; however, men were more likely to use these devices at younger ages while women were more likely to use them at older ages. The use of vision rehabilitation services was low among both females and males (1.4 and 1.5 percent, respectively).

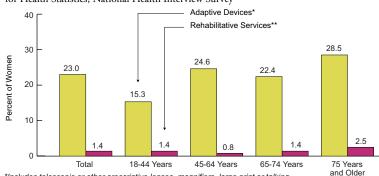
### Conditions Causing Activity Limitations in Women Aged 18 and Older, 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



### Use of Adaptive Visual Devices and Vision Rehabilitative Services Among Women, by Age, 2002

Source: (II.5) Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Includes telescopic or other prescriptive lenses, magnifiers, large print or talking materials, white cane, or quide dog.

\*\*Includes job training, counseling, or training in daily living skills and mobility.



#### **AIDS**

Acquired Immunodeficiency Syndrome (AIDS) was primarily diagnosed in men in the early 1980s, but the disease has since become more prevalent among women. In 1988, AIDS cases reported among men were 7,504 compared to 524 among women. By 2003, the number of cases reported among women had grown to 11,561, an increase of over 2,000 percent. In 1993, the Centers for Disease Control and Prevention expanded the criteria for AIDS cases to include persons with severe immunosuppression, pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer. This change is partially responsible for the greatly increased number of reported AIDS cases.

Although the number of AIDS cases has increased among women in general, the epidemic has disproportionately affected particular racial and ethnic groups. In 2003, non-Hispanic Black and Hispanic women represented less than one-fourth of all U.S. women, yet they accounted for more than three-fourths of women with AIDS. In 2002, HIV/AIDS represented the 5th leading cause of death among women aged 35-44, but it was the 3rd leading cause among non-Hispanic Black women in this age group and the leading cause among non-Hispanic Black women aged 25-34.<sup>2</sup>

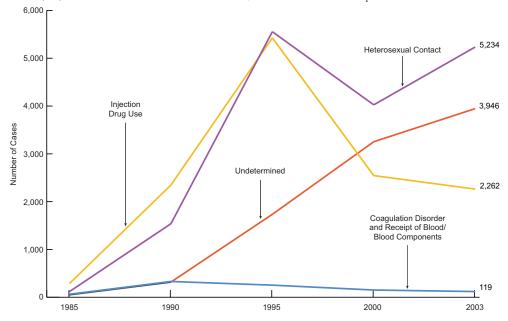
Of the 11,561 reported AIDS cases among

women in 2003, 45 percent were infected through heterosexual contact. Among these women, 76 percent were exposed through sex with an HIV-infected person without a specified risk, 18.8 percent were exposed through sex

with an injection drug user, and 4.3 percent were exposed through sex with a bisexual male. Of all reported cases among women in 2003, another 19.5 percent were infected through their own injection drug use. One percent of

## AIDS Cases, by Selected Exposure Categories\* for Females Aged 13 Years and Older at Diagnosis, Selected Years 1985-2003

Source (II.6): Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



\*Changes in reporting procedures in 1993 led to an increase in the number of cases reported without information about the exposure category.

women were infected by receipt of blood components or tissue, and less than one percent were exposed due to hemophilia or another coagulation disorder. An additional 34 percent of women were exposed through a risk that was not reported or identified.

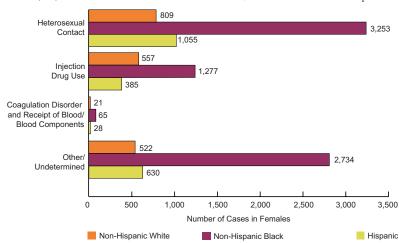
Overall, between 1998 and 2003 the number of women dying with AIDS and the number

of new diagnoses increased only slightly. The number of reported cases is potentially misleading since it does not indicate when a person was infected. In contrast, the number of women living with AIDS rose dramatically (from 57,338 to 88,815) between 1998 and 2003, due in large part to recent advances in combination drug therapies.

- Centers for Disease Control and Prevention. Impact of the Expanded AIDS Surveillance Case Definition on AIDS Case Reporting-United States, First Quarter, 1993. MMWR 42(16):308-310.
- 2 Anderson RN, Smith BL. Deaths: Leading Causes for 2002. National Vital Statistics Report 2005; 53(17).

# Female AIDS Cases, Aged 13 and Older, by Exposure Category\* and Race/Ethnicity,\*\* 2003

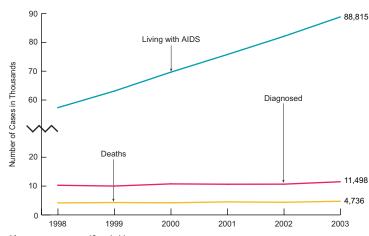
Source (II.6): Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



<sup>\*</sup>Each reported case of AIDS is assigned to one exposure category, even if more than one risk factor is present, according to the probability of acquiring the infection from each risk behavior.

# Estimated Number of Diagnoses of AIDS, Women Living with AIDS, and Deaths Among Women with AIDS,\* 1998-2003

Source (II.6): Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report



<sup>\*</sup>Among women ages 13 and older

<sup>\*\*</sup>Numbers for Asian/Pacific Islanders and American Indian/Alaska Natives are too small to illustrate on graph.

#### **ARTHRITIS**

Arthritis, the leading cause of disability among Americans over 15 years of age, encompasses more than 100 different diseases that affect areas in or around the joints. The most common type is osteoarthritis, which is a degenerative joint disease that causes pain and loss of movement as the cartilage covering the ends of joint bones deteriorates. Other arthritis types are rheumatoid arthritis, lupus arthritis, gout, and

fibromyalgia.

In 2003, over 20 percent of U.S. adults reported that they had ever been diagnosed with arthritis. Arthritis was more common in women than men, and rates of arthritis increased with age for both sexes. Less than 10 percent of women 18 to 44 years of age had been diagnosed with arthritis, compared to over 55 percent of women 75 years and older.

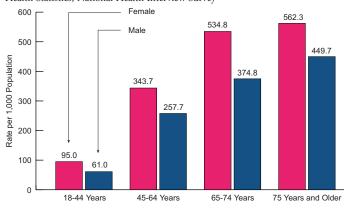
Rates of arthritis among women varied by

race and ethnicity. It was most common among non-Hispanic White women, followed by non-Hispanic Black women; Asian women had the lowest rates of arthritis. The high rate among non-Hispanic White women may be due to the older age distribution of this population.

 Arthritis Foundation. The facts about arthritis. 2004. http://www.arthritis.org

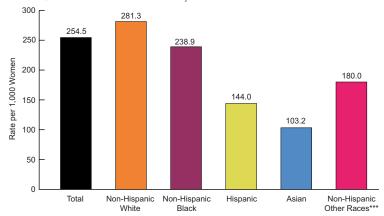
### Adults Aged 18 and Older with Arthritis,\* by Age and Sex, 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



### Women Aged 18 and Older with Arthritis,\* by Race/Ethnicity,\*\* 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Reported a health professional has ever told them they have arthritis.

<sup>\*\*</sup>Rates reported are not age-adjusted.

<sup>\*\*\*</sup>Includes American Indian/Alaska Native and those of more than one race.

<sup>\*</sup>Reported a health professional has ever told them they have arthritis.

#### **ASTHMA**

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of wheezing, chest tightness, shortness of breath, and coughing. This disorder may be aggravated by allergens, tobacco smoke and other irritants, exercise, and infections of the respiratory tract. However, by taking certain precautions, persons with asthma may be able to effectively manage

this disorder and participate in daily activities.

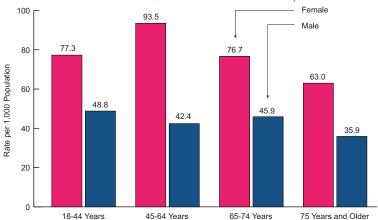
In 2003, women had higher rates of asthma than men (81.1 compared to 45.7 per 1,000 population). This disparity was most pronounced among those between the ages of 45 and 64 years, where women experienced asthma at more than twice the rate of men. The difference in asthma rates among men and women was the smallest among those 18-44 years of age,

although women in this group still experienced asthma at more than 1.5 times the rate of men.

Among women, rates of asthma differed among racial and ethnic groups. Non-Hispanic Black and non-Hispanic White women had the highest rates of asthma (86 per 1,000 females), followed by Hispanic women (60.8 per 1,000 women); Asian women had the lowest rates (22.8 per 1,000 women).

### Adults Aged 18 and Older with Asthma,\* by Age and Sex, 2003

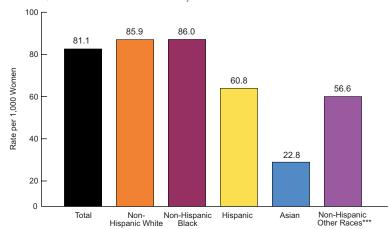
Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Reported a health professional has ever told them they have asthma and report they still have asthma.

### Women Aged 18 and Older with Asthma,\* by Race/Ethnicity,\*\* 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Reported a health professional has ever told them they have asthma and report they still have asthma.

<sup>\*\*</sup>Rates reported are not age-adjusted.

<sup>\*\*\*</sup>Includes American Indian/Alaska Native and persons of more than one race.

#### CANCER

In 2005, it is estimated that 275,000 females will die of cancer. Of these, it is estimated that 27 percent will be due to lung/ bronchus cancer, 15 percent due to breast cancer, and 10 percent due to colon and rectal cancer. Lung and bronchus cancer, the leading cause of cancer death among women, is most prevalent among Black and White women. The rate of lung and bronchus cancer among Black women (averaged over the 5 years from 1997-2001) was 54.5 cases per 100,000 females, and the rate among White women was 51.3 per 100,000 females. Rates among other racial and ethnic groups were

approximately half of those for Black and White women: 28.5 cases per 100,000 Asian/Pacific Islander women, 23.9 per 100,000 Hispanic women, and 23.4 per 100,000 American Indian/Alaska Native women.

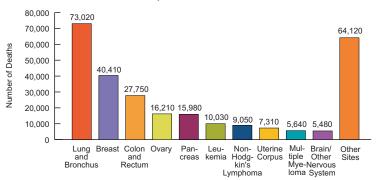
While lung cancer is the leading cause of cancer death, breast cancer is the most prevalent form of cancer among women. Over the period 1997-2001, rates of breast cancer were highest among White women, with a rate of 141.7 cases diagnosed per 100,000 females, followed by Black women, with a rate of 119.9 cases per 100,000 females. The rate of breast cancer among Asian/Pacific Islander women was 96.8

cases per 100,000, and Hispanic women had a rate of 89.6 cases per 100,000. The rate of breast cancer among American Indian/Alaska Native women, who had a rate of 54.2 cases per 100,000 females, was the lowest.

Rates of colon and rectal cancer appear to vary less dramatically across racial and ethnic groups. The highest rates were reported among Black women (56.5 cases per 100,000 females), followed by White women (45.9 cases per 100,000). Among the other three racial/ethnic groups, rates were approximately even: 38.6 cases per 100,000 Asian/Pacific Islander females, 32.7 per 100,000 American Indian/

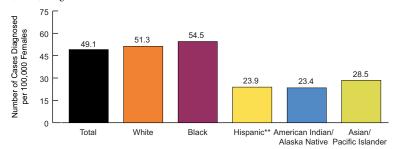
### Leading Causes of Cancer Deaths for Females, by Site, 2005 Estimates

Source (II.7): American Cancer Society



# Age-Adjusted Malignant Lung and Bronchus Cancer Rates Among Females, by Race/Ethnicity, 1997-2001\*

 $Source\ (II.8):\ National\ Cancer\ Institute;\ Surveillance,\ Epidemiology,\ and\ End\ Results\ (SEER)\ Program$ 



<sup>\*5</sup> Year average.

<sup>\*\*</sup>May be of any race.

Alaska Native women, and 32.5 per 100,000 Hispanic females.

Survival rates among women vary for each type of cancer. Of the most common types of cancer, lung and bronchus cancer has the lowest survival rate (17.2 percent), followed by colon and rectal cancer (63.1 percent) and breast cancer (87.7 percent).

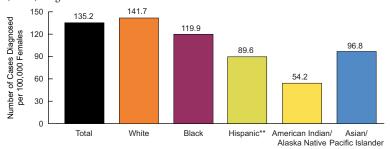
While the specific causes of cancer have not yet been identified, it appears to involve a combination of environmental, behavioral, and genetic factors. Adopting a healthy lifestyle by achieving optimal weight, exercising regularly, avoiding tobacco, eating nutritiously and reduc-

ing sun exposure may significantly reduce the risk of cancer.<sup>2</sup> In addition, regular cancer screenings specific to women are recommended. Pap smears are recommended after sexual activity begins, or at the age of 21, whichever comes first, to screen for cervical cancer. Mammograms are recommended for women aged 40 years and older to screen for breast cancer and, for persons aged 50 and older, fecal occult blood testing and sigmoidoscopy are recommended to screen for colorectal cancer.<sup>3</sup> A recent study has found that breastfeeding may also reduce the risk for premenopausal breast cancer and ovarian cancer.<sup>4</sup>

- American Cancer Society. Cancer facts & figures 2005. Atlanta: The Society; 2005.
- 2 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Preventing and controlling cancer: the nation's second leading cause of death 2004. February 2004. http://www.cdc.gov/ nccdphp/aag/aag\_dcpc.htm
- 3 U.S. Preventive Services Task Force. Guide to clinical preventive services. March 2004. http://www.ahrq.gov/clinic/uspstfix.htm
- 4 Labbok MH. Effects of breastfeeding on the mother. Pediatric Clinics of North America 2001; 48(1):143-157.

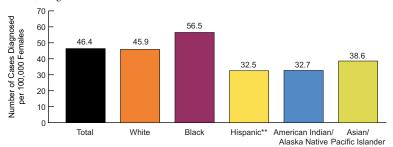
### Age-Adjusted Malignant Breast Cancer Rates Among Females, by Race/Ethnicity, 1997-2001\*

Source (II.8): National Cancer Institute; Surveillance, Epidemiology, and End Results (SEER) Program



### Age-Adjusted Malignant Colon and Rectal Cancer Rates Among Females, by Race/Ethnicity, 1997-2001\*

Source (II.8): National Cancer Institute; Surveillance, Epidemiology, and End Results (SEER) Program



<sup>\*5</sup> Year average.

<sup>\*\*</sup>May be of any race.

#### **DIABETES**

Diabetes is a chronic condition and a leading cause of death and disability in the United States. Complications of diabetes are serious and may include blindness, kidney damage, heart disease, stroke, nervous system disease, amputation, and complications in pregnancy.

The two main types of diabetes are Type 1 and Type 2. Type 1 diabetes is usually diagnosed in children and young adults, and is commonly referred to as "juvenile diabetes." Type 2 diabetes is the most common type; it is often diagnosed

among adults but is becoming more common among children. Risk factors for Type 2 diabetes include obesity, physical inactivity, and a family history of the disease.

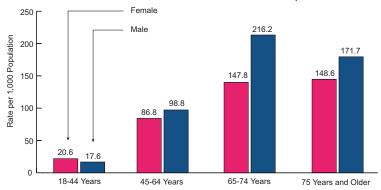
In 2003, women under the age of 45 were more likely to report having diabetes than men of the same age. The rate of diabetes increases with age for both sexes; however, older men were more likely to have diabetes than their female counterparts. The rate of diabetes among women under the age of 45 was 20.6 per 1,000 women, compared to 17.6 per 1,000 men of the

same age. The rates among women and men 75 years and older were 148.6 and 171.7 per 1,000, respectively.

There were racial and ethnic differences in diabetes rates among women in 2003. Non-Hispanic Black women had the highest rate of diabetes (91.2 per 1,000), followed by Hispanic women (61.0 per 1,000) and non-Hispanic White women (60.8 per 1,000); Asian women had the lowest rate of diabetes (47.1 per 1,000).

# Adults Aged 18 and Older with Diabetes,\* by Age and Sex, 2003

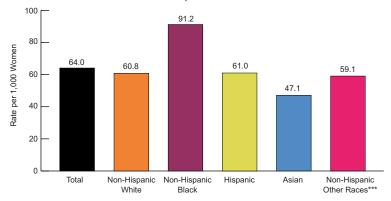
Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



\*Reported a health professional has ever told them they have diabetes.

# Women Aged 18 and Older with Diabetes,\* by Race/Ethnicity,\*\* 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Reported a health professional has ever told them they have diabetes.

<sup>\*\*</sup>Rates reported are not age-adjusted.

<sup>\*\*\*</sup>Includes American Indian/Alaska Native and those of more than one race.

#### **HEART DISEASE**

In 2002, heart disease was the leading cause of death for women. Heart disease describes any disorder that prevents the heart from functioning normally. The most common cause of heart disease is coronary heart disease, in which the arteries of the heart slowly narrow, reducing blood flow. Risk factors include obesity, lack of physical activity, smoking, high cholesterol,

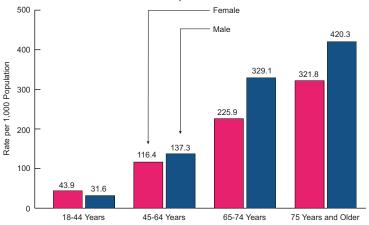
hypertension, and old age.

Overall, in 2003, men had a higher rate of heart disease than women. However, women under 45 years of age had a higher rate than men (43.9 per 1,000 women compared to 31.6 per 1,000 men). Rates of heart disease increase substantially with age and are highest among those 75 years and older. This demonstrates the chronic nature of this disease.

Rates of heart disease among women differ by race and ethnicity. The highest rates were reported among non-Hispanic White women (120.3 per 1,000), followed by non-Hispanic Black women (88.6 per 1,000). Asian women had the lowest rate (42.1 per 1,000). Death rates from heart disease among Black women exceed those of White women.

### Adults Aged 18 and Older with Heart Disease,\* by Age and Sex, 2003

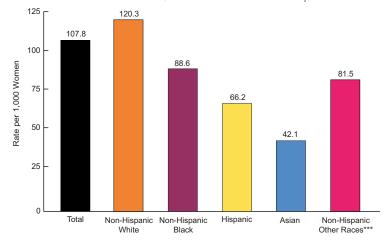
Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Respondents who reported that a health professional has ever told them that they have a heart condition or disease.

### Women Aged 18 and Older with Heart Disease,\* by Race/Ethnicity,\*\* 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*\*</sup>Rates reported are not age-adjusted.

<sup>\*\*\*</sup>Includes American Indian/Alaska Native and those of more than one race

### HYPERTENSION AND STROKE

Hypertension, also known as high blood pressure, is a risk factor for heart disease and stroke. It is defined as a systolic pressure (during heartbeats) of 140 or higher, a diastolic pressure (between heartbeats) of 90 or higher, or both. In 2003, women had higher overall rates of hypertension than men (260.9 per 1,000 women compared to 243.0 per 1,000 men). Rates of hypertension were similar among both sexes

under the age of 65; however, among older persons the rate of hypertension was higher among women than men.

The rates of hypertension among women differ by race and ethnicity. In 2003, non-Hispanic Black women had the highest rate of hypertension (360.0 per 1,000), followed by non-Hispanic White women (261.1 per 1,000); Asian women had the lowest (150.4 per 1,000).

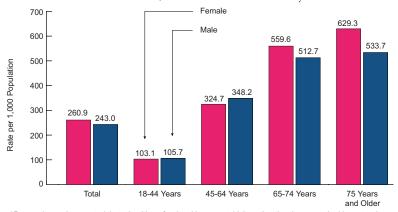
In 2002, the latest year for which mortality data are available, stroke—one of the major risks

of hypertension—was the third leading cause of death among women resulting in 100,050 deaths among women and 62,622 among men. In 2003, 2.4 percent of both men and women reported ever having a stroke. Stroke was most commonly reported by non-Hispanic Black women, followed by non-Hispanic White women; Hispanic women were least likely to report ever having a stroke.

 National Center for Health Statistics. Health, United States, 2004. Hyattsville, MD: 2004.

### Adults Aged 18 and Older with Hypertension,\* by Age and Sex, 2003

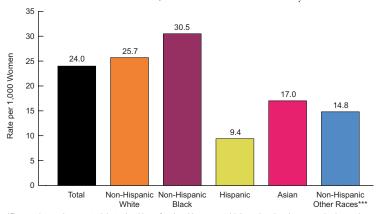
Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Respondents who reported that a health professional has ever told them that they have ever had hypertension.

## Women Aged 18 and Older Who Have Ever Had a Stroke,\* by Race/Ethnicity,\*\* 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



<sup>\*</sup>Respondents who reported that a health professional has ever told them that they have ever had a stroke
\*\*Rates reported are not age-adjusted.

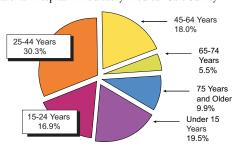
<sup>\*\*\*</sup>Includes American Indian/Alaska Native and those of more than one race

#### INJURY

Although many injuries are preventable, there were an estimated 39 million injury-related emergency department (ED) visits in 2002. Overall, the rate of injury-related ED visits was higher among males than females (15.4 compared to 12.3 percent of visits per year). Among females, nearly one-third of injury-related ED visits were made by those aged 25 to 44 years, while fewer than 6 percent were made by women aged 65 to 74 years. However, the highest rate (18 per visits per 100 people) occurred among women 75 years and older

Injury-Related Emergency Department Visits for Females, by Age, 2002

Source (II.9): Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



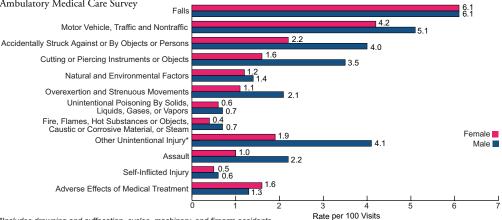
(data not shown); among males, the highest rate (21 visits per 100 people) occurred among men aged 15 to 24 years.

Unintentional and intentional injuries represented a higher proportion of ED visits for males than females in 2002. Among males and females aged 18 years and older, unintentional injuries accounted for 27.6 and 19.3 percent of ED visits, respectively, while intentional injuries represented 2.9 and 1.6 percent of ED visits, respectively. Among both sexes, the two most common causes of injury were falls (6.1 percent of ED visits among females and males) and

motor vehicle crashes (4.2 percent of ED visits among females and 5.1 percent of ED visits among males). Injuries accounted for a greater percentage of ED visits for males than females for every cause, with the exception of adverse medical effects; for that cause, the rate was 1.6 compared to 1.3 percent of ED visits for women and men respectively. Other common causes of injury among females included being accidentally struck by an object or person, cutting or piercing instruments or objects, and natural or environmental factors.

### Injury-Related Emergency Department Visits, by Sex and Mechanism, 2002

Source (II.10): Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey



\*Includes drowning and suffocation, cycles, machinery, and firearm accidents.

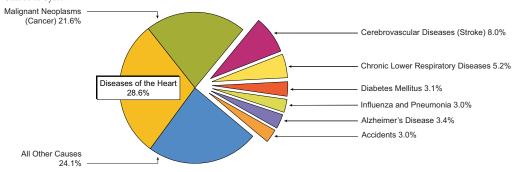
### LEADING CAUSES OF DEATH

In 2002, there were over 1.2 million deaths among females. Of these deaths, more than half were attributed to diseases of the heart and malignant neoplasms (cancer). Heart disease represented 356,014 deaths (28.6 percent), while 268,503 (21.6 percent) were from cancer. The next two leading causes of death were cerebrovascular diseases (stroke), which accounted for 8.0 percent of all female deaths. This was followed by chronic lower respiratory diseases which accounted for 5.2 percent.

Crude death rates varied for women by race and ethnic group. For non-Hispanic White, non-Hispanic Black, and Hispanic women, the leading cause of death was heart disease, with 292.3, 211.6, and 69.7 deaths per 100,000 females, respectively. In contrast, among American Indian/Alaska Native and Asian/Pacific Islander women, the leading cause of death was malignant neoplasms, accounting for 71.0 and 72.6 deaths per 100,000 females, respectively.

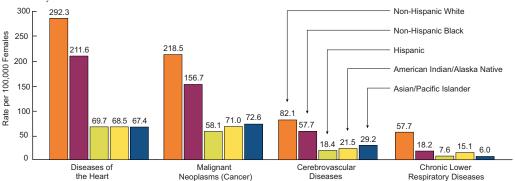
### Leading Causes of Death in Females (All Ages), 2002

Source (II.11): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



### Crude Death Rates\* from Selected Conditions for Females (All Ages), by Race and Ethnicity, 2002

Source (II.12): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



<sup>\*</sup>Rates are not age-adjusted.

### MENTAL ILLNESS AND SUICIDE

In 2003, there were an estimated 19.6 million men and women aged 18 years or older with serious mental illness (SMI). Females were disproportionately affected and were more likely than males to report a SMI within the past year. The highest rate of serious mental illness occurred among women in the 18-25 age group, with 17.3 percent of these women reporting an SMI within the past year. The greatest disparity between men and women occurred in the 26-49 age group, with women nearly twice as likely as men to have experienced an SMI in the past year (13.8 compared to 7.0 percent).

Although the majority of people who suffer from mental illness do not commit suicide, mental illness is a primary risk factor. Over 90 percent of suicides in the U.S. are associated with mental illness and/or alcohol and substance abuse. In 2002, the rate of suicide continued to be substantially higher for males (18.4 per 100,000) than for females (4.2 per 100,000). However, it is estimated that there were three suicide attempts among females for every one among males.

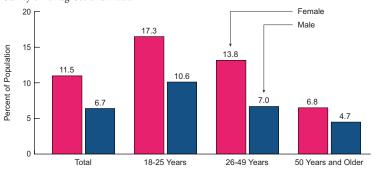
Among women who did commit suicide, rates were highest among non-Hispanic White women (5.1 deaths per 100,000), followed by American Indian/Alaska Native women (4.1

deaths per 100,000). Lower rates were found among Asian/Pacific Islander women (3.0 per 100,000), Hispanic women (1.8 per 100,000), and Non-Hispanic Black women (1.6 per 100,000).

- 1 The National Survey of Drug Use and Health defines serious mental illness as "having a diagnosable mental, behavioral, or emotional disorder that met the DSM-IV criteria and resulted in functional impairment that substantially interfered with or limited one or more major life activities."
- 2 Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE, editors. (2002) Reducing Suicide: A National Imperative. Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, Board on Neuroscience and Behavioral Health, Institute of Medicine.

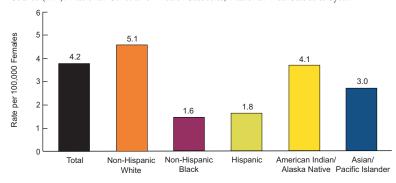
### Serious Mental Illness in Past Year, by Age and Sex, 2003

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



# Suicide Death Rates for Females Aged 15 Years and Older, by Race/Ethnicity, 2002

Source (II.4): National Centers for Health Statistics, National Vital Statistics System



### ORAL HEALTH AND DENTAL CARE

Oral health conditions can cause chronic pain of the mouth and face, and can disrupt normal eating behaviors. Dental caries (also referred to as cavities or tooth decay) is one type of dental disorder that may cause problems if left untreated. In 1999-2003, women were less likely than men to have untreated dental caries (8.9 percent of women compared to 12.6 percent of men). Non-Hispanic Black women were most likely to have caries (17.1 percent), followed by Hispanic women (12.0 percent); non-Hispanic White women were least likely to have caries (6.8 percent).

Sealants—a hard, clear substance applied to

the surfaces of teeth—may help to prevent caries. Although women are less likely to have caries than men, they are also less likely to have sealants. In 1999-2002, 19.5 percent of women had sealants compared to 23.1 percent of men. Hispanic women were most likely to have sealants (23.0 percent), followed by non-Hispanic Black women (21.4 percent); non-Hispanic White women were least likely to have sealants (18.0 percent).

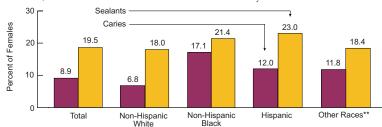
Proper dental care is important for preventing dental caries and maintaining overall oral health. In 1999-2002, 62.7 percent of women had seen a dentist in the past year. Hispanic women were least likely to have seen a dentist in the past year (51.5 percent), followed by non-

Hispanic Black women (52.2 percent). Hispanic women and non-Hispanic Black women were also most likely to have gone at least five years since their last dental visit (16.0 and 15.6 percent, respectively).

Length of time since last dental visit also varies by income. In 1999-2002, women with incomes between 100 and 199 percent of the poverty level were least likely to have seen a dentist in the past year (47.0 percent) and most likely to have gone at least five years since a dental visit (21.1 percent). Women with incomes over 300 percent of the poverty level were most likely to have regular dental visits.

### Untreated Dental Caries and Presence of Sealants in Females,\* by Race/Ethnicity, 1999-2002

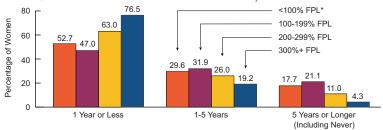
Source (II.1): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



<sup>\*</sup>Caries are among women aged 18 and older; sealants are among women aged 18 to 34.

### Time Since Last Seen a Dentist Among Women Aged 18 and Older, by Poverty Status, 1999-2002

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



\*Federal Poverty Level

<sup>\*\*</sup>Includes Asian/Pacific Islander, Native American/Alaska Native, and persons of more than one race.

#### **OSTEOPOROSIS**

Osteoporosis is the most common underlying cause of fractures in the elderly, but it is not frequently diagnosed or treated, even in individuals who have already suffered a fracture. Ten million Americans have osteoporosis, while another 34 million have low bone mass and are at risk for developing osteoporosis. Eighty percent of those affected are women. By 2020, one in two Americans over age 50 will be at risk for osteoporosis and low bone mass.

Each year about 1.5 million people suffer a bone fracture related to osteoporosis, with the most common breaks in the wrist, spine, and hip. One in five individuals who fracture a hip die within a year of the fracture and about one in five individuals with a hip fracture end up in a nursing home within a year. The direct care costs for osteoporotic fractures alone are up to \$18 billion each year.

Osteoporosis may be prevented and treated by getting the recommended amounts of calcium, vitamin D, and physical activity, and by taking prescription medication when appropriate. Bone density tests are recommended for all women over 65 and for any man or woman who suffers even a minor fracture after age 50. Treatment of osteoporosis has been shown to reduce the risk of subsequent fractures by 30-65 percent.<sup>1</sup>

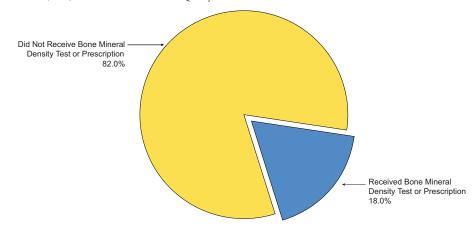
National data in 2003 indicate that only 18 percent of female Medicare beneficiaries 67 years of age or older who had a fracture received either a bone mineral density test or a prescription. Most plans were in the range of 10 to 26 percent. Based on voluntary reporting of a subset of plans, it is estimated that about 10 percent of women received only a prescription and about 8 percent of women received only the test.

Only about 3 percent of women aged 67 or older received both the bone mineral density test and a prescription. This is considered the highest standard of care.

 U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.

## HEDIS®\* Measure of Osteoporosis Management in Women Aged 67 and Older Who Had a Fracture, Medicare Plans, 2003\*\*

Source (II.13): National Committee for Quality Assurance



<sup>\*</sup>HEDIS (Health Plan Employer Data and Information Set) is a registered trademark of NCQA.

<sup>\*\*</sup>The HEDIS Osteoporosis Management in Women Who Had a Fracture measure estimates the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density test or a prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture. This measure was reported for the first time in 2004, and only applies to Medicare plans.

#### **OVERWEIGHT AND OBESITY**

Being overweight or obese increases the risk for numerous ailments, including high blood pressure, diabetes, heart disease, stroke, arthritis, cancer, and poor reproductive health. The National Health and Nutrition Examination Survey (NHANES) from the National Center for Health Statistics (NCHS) was used to measure the Body Mass Index (BMI) of a representative sample of the U.S. population. For NHANES, BMI is based on height and weight, as measured by health professionals, and may be

more accurate than surveys that rely on self-reporting of these measurements by participants.

In 2003, men of all ages were more likely to be obese than their female counterparts. The highest rate of overweight and obesity among men (73.4 percent) occurred in the 65 to 74 age group; the highest rate among women (67.0 percent) also occurred among those 65 to 74 years of age.

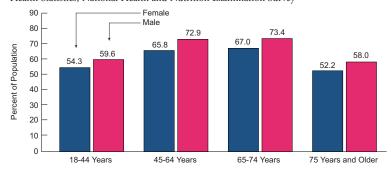
Overall, 27.3 percent of adult women are overweight and 31.6 percent are obese, but these

rates vary by race and ethnicity. Hispanic women had the highest rate of overweight (32.7 percent), while Non-Hispanic White women had the lowest rate (26.0 percent). Non-Hispanic Black women had the highest rate of obesity (45.3 percent), followed by Hispanic women (34.5 percent). Overall, Non-Hispanic Black women were the most likely to be overweight or obese (72.6 percent).

1 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Overweight and obesity. June 2004. http://www.cdc.gov/ nccdphp/dnpa/obesity/.

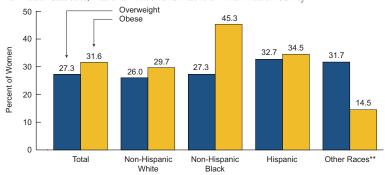
## Overweight and Obesity\* in Adults Aged 18 and Older, by Age, 1999-2002

Source (II.1): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



### Overweight and Obesity\* in Women Aged 18 and Older, by Race/Ethnicity, 1999-2002

Source (II.1): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



<sup>\*</sup>Obesity was defined as a body mass index of 30.0 or higher. Overweight was defined as a body mass index of 25.0 to 29.9.

<sup>\*\*</sup>Includes Asian/Pacific Islander, American Indian/Alaska Native and those of more than one race.

### SEXUALLY TRANSMITTED DISEASES

Rates of reported sexually transmitted diseases (STDs) are highest among adolescent and young adult women. In 2003, chlamydia and gonorrhea were the most commonly diagnosed STDs. The rate of chlamydia among adolescents (aged 15-19) was 2,687 cases per 100,000 females, and the rate of gonorrhea was 635 per 100,000 females. The rates for both of these

STDs decrease with age.

Significant racial and ethnic differences exist in the reported rates of chlamydia and gonorrhea. Among non-Hispanic Black females there were 1,633 cases of chlamydia and 616 cases of gonorrhea per 100,000 females in 2003, compared to 218 and 39 cases, respectively, per 100,000 non-Hispanic White females.

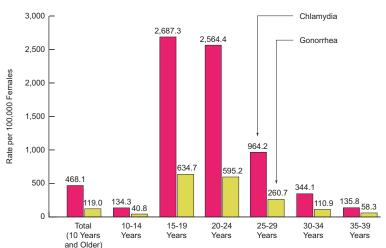
A third STD, syphilis, remains relatively rare (0.8 cases per 100,000 women). In 2003, this

condition disproportionately affected non-Hispanic Black females (4.2 per 100,000 females) and American Indian/Alaska Native females (1.5 per 100,000 females).

Although these conditions are treatable with antibiotics, STDs can have serious health consequences. Active infections can increase the odds of contracting HIV, and untreated STDs can lead to pelvic inflammatory disease, infertility, and adverse pregnancy outcomes.

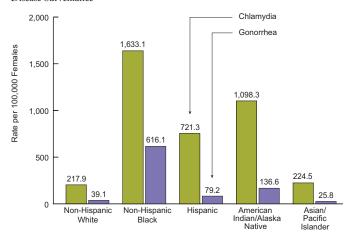
### STDs Among Females Aged 10 and Older, by Age, 2003

Source (II.14): Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance



### STDs Among Females Aged 10 and Older,\* by Race/Ethnicity, 2003

Source (II.14): Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance



\*Reported rates are not age-adjusted.

#### **VIOLENCE AND ABUSE**

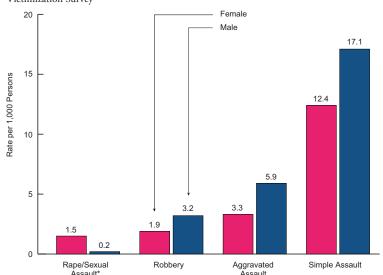
In 2003, there were 2.3 million violent crimes committed against females aged 12 and older, including rape, sexual assault, robbery, and aggravated and simple assault. This follows the downward trend in violent crime victimization rates for women over the past decade. Women are more likely than men to be victims

of reported sexual assault and rape; however, men are more likely to be victims of robbery, aggravated assault, and simple assault. In 2003, 1.5 of every 1,000 females aged 12 and older were victims of rape or sexual assault.

Women are more likely than men to be victims of violent acts committed by people they know intimately, such as friends or intimate partners. In 2003, violence by intimate partners constituted 19 percent of violent crimes against women, compared to 3 percent of violent crimes against men. The overall rate of intimate partner violence against females was 4.6 per 1,000 females, with the highest rates occurring among females aged 15 to 24 and 25 to 34 years (6.1 and 7.9 per 1,000 females, respectively).

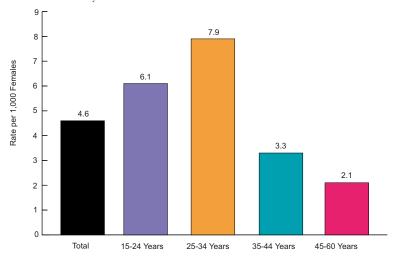
### Violent Crime Victims Aged 12 and Older, by Sex, 2003

Source (II.15): U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



### Women Experiencing Intimate Partner Violence, by Age, 2003

Source (II.15): U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey



<sup>\*</sup>The estimated rate among males may not be reliable because it is based on 10 or fewer cases.

#### **INCARCERATED WOMEN**

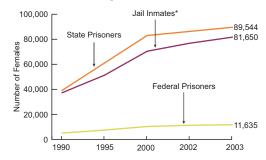
In 2003, the number of women incarcerated in the Nation's prisons and local jails continued to increase, reaching 181,752 at midyear. While the number of women incarcerated in prisons and jails is significantly lower than men (181,752 women compared to 1,963,599 men), the number of incarcerated women has grown at a much faster rate than that of men. Since 1995, the average annual increase in women in prisons and jails was 5.2 percent, compared to a 3.4 percent annual increase in the number of incarcerated men. Since 1990, the number of incarcerated women has more than doubled, increasing by 118 percent. <sup>1</sup>

Racial and ethnic differences continue to exist among incarcerated women. In 2003, the highest rate of incarceration was among non-Hispanic Black women (aged 18 and older) who had an incarceration rate of 352 per 100,000 women. Non-Hispanic Black women were nearly 2.5 times more likely than Hispanic women (with a rate of 148 per 100,000 women) and over 4.5 times more likely than non-Hispanic White women (with a rate of 75 per 100,000) to be incarcerated in 2003. These differences remain in all age groups of adult women, with the highest rates found among non-Hispanic Black women aged 35-39 years (926 per 100,000 women).<sup>2</sup>

In 2002, the most common reason for arrest among women was "other offenses" (25.2 percent of arrests); these included all offenses except traffic violations that did not fall under one of the 28 main categories of offenses charged. The most common specific offenses among women included larceny/theft (13.8 percent of arrests), assault other than aggravated assault (9.7 percent), drug abuse violations (8.8 percent), driving under the influence (7.9 percent), disorderly conduct (5.2 percent), and violation of liquor laws (5.1 percent). Among female jail inmates, the most serious current offenses included drug possession (14.5 percent), fraud (14.0 percent), drug trafficking (10.9 percent), larceny/ theft (10.3 percent), and assault (8.0 percent). Female jail inmates were less likely than men to be perpetrators of violent crimes. The offense of murder/nonnegligent manslaughter accounted for 1.4 percent of the most serious offenses among female jail inmates and 2.1 percent among male inmates. Rape was the most serious crime of 0.7 percent of male inmates, but it was listed as "not applicable" for female inmates. Other sexual assault was the most serious offense for 3.1 percent of males and only 0.9 percent of females.

### Female Federal and State Prisoners and Local Jail Inmates,\* 1990-2003

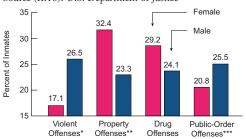
Source (II.16): U.S. Department of Justice



<sup>\*</sup> Based on 1-day counts.

### Most Serious Current Offense of Jail Inmates, by Sex, 2002

Source (II.16): U.S. Department of Justice



<sup>\*</sup>Includes murder, manslaughter, rape, robbery, assault.

<sup>1</sup> Harrison PM and Karberg, JC. Prison and Jail Inmates at Midyear 2003. U.S. Department of Justice, Bureau of Justice Statistics Bulletin, May 2004.

<sup>2</sup> Ibid.

<sup>\*\*</sup>Includes burglary, theft, fraud.

<sup>\*\*\*</sup>Includes weapons violations, obstruction of justice, driving while intoxicated, parole violations.